

REGISTRATION INFORMATION

Registration fee (\$150.00) due prior to **March 1, 2001** _____

(Make check payable to Airlie Conference Center)

Meals and lodging single occupancy _____

Meals and lodging double occupancy _____

Non-participating guest (meals and double occupancy) _____

* Non-refundable registration fee, payable in advance, ** pay on site

\$150.00 per person *

3 days at \$220.00/day **

3 days at \$190/person/day **

3 days at \$80/day **



Registration will be accepted after March 1 only as space permits.
Please print clearly and enclose \$150.00 registration fee

Last Name	
First Name	
Institution	
Department/Bldg.	
Street	
City	
Country	
Phone Number	
Fax Number	
e-mail Address	

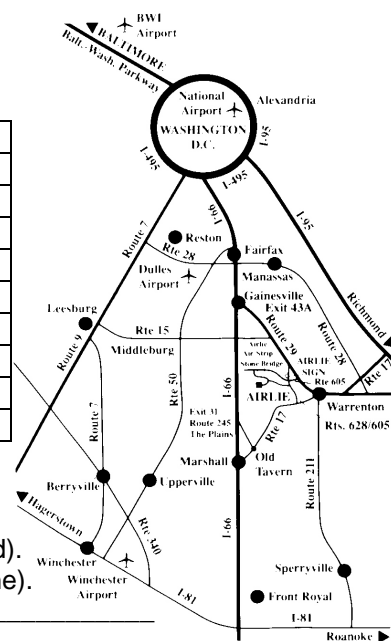
Check number _____ is enclosed in the amount of _____

Room-mate and guest Information:

Each participant must complete an individual registration form (copy this form if needed).

Single occupancy _____ Roommate _____ Non-participating Guest _____ (Check one).

Name of room-mate or non-participating guest _____



Poster Presentation Information

DIRECTIONS TO AIRLIE

Authors	
Institutions	
Title	

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National Institutes of Health, NICHD
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